

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3877

State File No.

1419

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town.....**St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Johns Hospital** **0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....**3 Weeks**  
(Specify whether  
In this community.....**25 Years**  
years, months or days)

3. (a) PRINT FULL NAME **MARTIN ARNOLD**

3. (b) If veteran, name war.....**No** 3. (c) Social Security No.....

4. Sex **Male 0** 5. Color **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife.....**Anatasia** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased.....**Oct. 28th 1884**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**58 3 9** hr. min.

9. Birthplace.....**Sardes, Miss.** **1**  
(City, town, or county) (State or foreign country)

10. Usual occupation.....**Motorman**

11. Industry or business.....**Public Service Co.**

12. Name.....**Unknown**

13. Birthplace.....**Unknown** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name.....**Unknown**

15. Birthplace.....**Unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant.....**B.A. McFarland**

(b) Address.....**4217 Oakwood Pine Lawn**

17. (a) **Burial** (b) Date, thereof **2/10/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....**Doe Run, Mo.**

18. (a) Signature of funeral director.....**A. W. B. Laughlin**

(b) Address.....**2301 Isabelle Ave**

19. (a) **FEB 13 1943** (b) **J. J. Bruck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....**NR**  
(c) City or town.....**Pine Lawn**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4217 Oakwood Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?.....**No.** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **7**  
year **1943** hour minute **11:15 P.M.**

21. I hereby certify that I attended the deceased from  
**January 4, 1943** to **February 7, 1943**  
that I last saw him alive on **Feb 7, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....**Myocardial failure** **1 day**  
**Uremia** **3 days**

Due to.....**Chr. Interstitial Nephritis**

Due to.....**Hypertension** **5 yrs**

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?.....  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)  
(e) Means of injury.....

23. Signature.....**J. H. P. P. P.** (M. D. or other)

Address.....**4852 Maryland** Date signed.....**2/10/43**

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FEB 26 1943

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Chas Ritchardson

Licensed Embalmer No. 9167

P. O. Address Farmington Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**